



Gwynedd-Mercy College

BRINGING *FUTURES* INTO *FOCUS*

Course Registration Form

Social Security Number or Student ID Number		Last Name		First Name		Year		Term		Initial	Date of Birth			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
						<input type="checkbox"/> 2012 <input type="checkbox"/> 2013		<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II		MO.	DAY	YR.	
Ethnic Group <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black		<input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Non-Resident Alien		Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim		<input type="checkbox"/> Protestant <input type="checkbox"/> Other		Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Visa		Country of Birth				
Address				City				State				Zip Code		
Cell Phone		Home Phone				E-mail								
Degree Seeking? <input type="checkbox"/> Master <input type="checkbox"/> Bachelor		<input type="checkbox"/> Associate <input type="checkbox"/> Certificate		Major		Letter of Acceptance from Admissions Office <input type="checkbox"/> Yes <input type="checkbox"/> No								
Have you ever attended Gwynedd-Mercy College? If yes, when?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Ever attended any other colleges? If yes, when?							<input type="checkbox"/> Yes <input type="checkbox"/> No	

Course Code	Section	Credit

Course Code	Section	Credit

Course Code	Section	Credit

Student Signature _____ Date Completed _____

Advisor _____ Date Processed _____